

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 577710

FILING DATE

2-19-09

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		0				
6	1					
7	1					
8		0				
9	1					
10		1				
11		1				
12		2				
13		0				
14	1					
15		1				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29	1					
30		1				
31		1				
32		2				
33	1					
34	1					
35	1					
36		1				
37		1				
38		2				
39	1					
40	1					
41		0				
42		0				
43	1					
44		0				
45			1			
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	12	↓	18	↓		↓
TOTAL DEP.	38	←	28	←		←
TOTAL CLAIMS	50		36			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52			1			
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
64				1		
65				1		
66				1		
67				1		
68				1		
69			1			
70				1		
71				1		
72				1		
73			1			
74			1			
75			1			
76			1			
77				1		
78				1		
79			1			
80				1		
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						